

3737 *ar*

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
125974/GEM-0053

In Re Application Of: **Okerlund et al.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/065,595	11/2/2002	Shaw, Shawna J.	23413	3737	2440

Title: **METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING**



Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☐ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☒ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☒ the fee set forth in 37 CFR 1.17(p).

05/05/2005 CNGUYEN 00000072 070845 10065595

01 FC:1806 180.00 DA

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
125974/GEM-0053

In Re Application: Okerlund et al.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/065,595	11/2/2002	Shaw, Shawna J.	23413	3737	2440

Title: METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 07-0845 as described below.
- ☒ Charge the amount of \$180.00
 - ☒ Credit any overpayment.
 - ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

May 2, 2005

(Date)

Signature of Person Mailing Correspondence

Kimberly A. Lawrence

Typed or Printed Name of Person Mailing Certificate

*This certificate may only be used if paying by deposit account.

Dated: May 2, 2005

David Arnold
Registration No. 48,894
Cantor Colburn LLP
55 Griffin Road South
Bloomfield, CT 06002
phone: 860-286-2929
fax: 860-286-0115

cc:

PTO-1449 INFORMATION DISCLOSURE STATEMENT BY APPLICANT LIST OF ITEMS (Use several sheets if necessary)		Attorney's Docket Number 125974/GEM-0053		Serial Number 10/065,595	
		Name of Applicant Okerlund et al.			
		Filing Date 11/1/2002		Group Art Unit 3737	

RECEIVED
 MAY 04 2003
 PATENT & TRADEMARK OFFICE

U.S. PATENT DOCUMENTS						
Examiner Initial	Document Number	Date	NAME	Class	Subclass	Filing Date if Appropriate

U.S. PATENT APPLICATION PUBLICATIONS						
Examiner Initial	Document Number	Date	NAME	Class	Subclass	Filing Date if Appropriate

FOREIGN PATENT DOCUMENTS						
Examiner Initial	Document Number	Date	COUNTRY	Class	Subclass	TRANSLATION YES NO

OTHER INFORMATION (including author, title, date, pertinent)	
1	Marchlinski, Francis E. et al., "Linear Ablation Lesions for Control of Unmappable Ventricular Tachycardia In Patients with Ischemic and Nonischemic Cardiomyopathy", <i>Circulation</i> , 2000: 1288-1296.
2	Sra, Jasbir et al., "Electroanatomically Guided Catheter Ablation of Ventricular Tachycardias Causing Multiple Defibrillator Shocks", <i>PACE</i> , November 2001, Vol. 24: 1645-1652.
3	Sra, Jasbir et al., "Feasibility and validation of registration of three-dimensional left atrial models derived from computed tomography with a noncontact cardiac mapping system", <i>Heart Rhythm Society</i> , 2005: 55-63.
4	C.L. Grines et al., "Functional Abnormalities in Isolated Left Bundle Branch Block: The Effect of Interventricular Asynchrony," <i>Circulation</i> ; 1989; 79:845-53.
5	J. Sra et al., "Noncontact Mapping for Radiofrequency Ablation of Complex Cardiac Arrhythmias;" <i>J. Interven. Cardiac Electrophysiol</i> 2001; 5:323-331.
6	J. Sra et al., "Cardiac Chamber Geometry Construction, Catheter Navigation and Ablation Using Cutaneous Patches;" <i>Supplement to Circulation</i> 2003 Oct., 108 (17): IV-585, Abstract 2667.
7	J. Sra et al., "Current Problems in Cardiology- Atrial Fibrillation: Epidemiology, Mechanisms, and Management;" <i>Current Problems in Cardiology</i> , July 2000; pages 406 - 524

EXAMINER	DATE CONSIDERED
-----------------	------------------------

* **EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not conformance and not considered. Include copy of this form with next communication to applicant.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)

Applicant(s): Okerlund et al.

Docket No.

125974/GEM-0053

Application No.

10/065,595

Filing Date

11/2/2002

Examiner

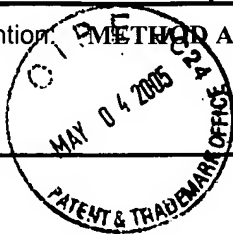
Shaw, Shawna J.

Customer No.

23413

Group Art Unit

3737

Invention: **METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING**

I hereby certify that this IDS Transmittal (2ps), IDS 1449 (1p), Seven (7) cited references
(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
May 2, 2005
(Date)

Kimberly A. Lawrence

(Typed or Printed Name of Person Mailing Correspondence)

A handwritten signature in dark ink, appearing to read "Kimberly A. Lawrence".
(Signature of Person Mailing Correspondence)

Note: Each paper must have its own certificate of mailing.